

**HEALTH & SAFETY RISK ASSESSMENT**  
**EXAMPLE**  
**NOT FULL & COMPLETE**



<b>Site/Location /Area</b>	Head Office/Helena	<b>Date:</b>	01/01/2020	<b>Assessment Ref. No.</b>	0002
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<b>Title of Risk Assessment</b>	Office assessment
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<b>Method Statement/Description</b> <i>Describe the task/activity/process listing its key elements in sequence, or refer to another document (attach a copy)</i>	<p>Assessment of office- 360 employees in the office building on 3 floors, one employee requires ADA accommodations. Area on first floor office is open to public for administration of benefits. Each floor has a kitchen where employees can make drinks and heat food – there are restroom facilities on each floor. The offices are cleaned every evening by contractors, who store the cleaning chemicals in a locked cupboard. The office block is locked from 9 pm to 6 am Monday to Friday. The building also has 24 hour/7 days a week security cover. Ingress and egress are located at the east and west end of building. There is a fire suppressant system an HVAC throughout the building that is maintained and tested regularly along with emergency evac practice by employees.</p> <p>The manager, building manager and safety person walked around the office, noting things that might pose a risk.</p> <ul style="list-style-type: none"> <li>• checked ADA requirements with the ADA specialist.</li> <li>• Decided to complete separate RA for Break room/Kitchen area, public interaction office and cleaning contractors.</li> <li>• talked to supervisors and employees, including the wheelchair user, to learn from their experience and listen to their concerns.</li> <li>• talked to the office cleaning contractors, to make sure the cleaning activities did not pose a risk to office staff.</li> <li>• Pinned a copy of the findings and on a noticeboard to encourage staff to help put the actions into practice. The manager will review the risk assessment when there are any significant changes such as new work equipment, work activities or employees.</li> <li>• Checked safety committee records for any unresolved issues related to the building and work.</li> <li>• Checked accident and near miss records to see if there were any unresolved issues.</li> </ul>
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<b>Other applicable Risk Assessments</b>	Emergency Evacuation, Contractor planned/unplanned work,
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List any **Existing Common Controls** that are relevant to this task/activity e.g. New employee orientation, task specific training, lock out, tag out.

01	New Employee Orientation	07	Annual Slip/Trip/Fall training
02	Office Safety Video	08	
03	Weekly Inspection program	09	
04	Office safety is a constant agenda item on the Safety Committee	10	
05	Contractor Management	Other:	

<b>1. WHAT MIGHT BE THE TYPES OF HAZARD?</b>	<b>Assessment Ref. No.</b>	
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<input checked="" type="checkbox"/> Slips, Trips & Falls <input type="checkbox"/> Fall from Height <input checked="" type="checkbox"/> Manual Material Handling <input type="checkbox"/> Vehicles <input type="checkbox"/> Falling Objects <input type="checkbox"/> Radiation <input type="checkbox"/> Sharp Objects <input checked="" type="checkbox"/> Workplace Violence <input type="checkbox"/> Confined Space <input checked="" type="checkbox"/> Ergonomics <input checked="" type="checkbox"/> Blood borne Pathogens	<input type="checkbox"/> Noise <input type="checkbox"/> Excessive temperature extremes (Hot and Cold) <input type="checkbox"/> Smoke or Dust <input type="checkbox"/> Hazardous substances <input type="checkbox"/> Vibration <input type="checkbox"/> Fire & Explosion <input checked="" type="checkbox"/> Electricity <input type="checkbox"/> Suffocation <input type="checkbox"/> Animal attack <input checked="" type="checkbox"/> Lone Working
If OTHER Please Describe:	

<b>2. WHO MIGHT BE AFFECTED?</b>		
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<input checked="" type="checkbox"/> Employees <input checked="" type="checkbox"/> Contractors <input checked="" type="checkbox"/> Customers	<input checked="" type="checkbox"/> Visitors <input type="checkbox"/> Public <input checked="" type="checkbox"/> Vulnerable People <input type="checkbox"/> Other	<i>Comments if Other, Multiple Groups or Vulnerable People</i>
		Checked ADA with ADA specialist



HAZARD & RISK MITIGATION					Assessment Ref. No.	0002		
3. SPECIFIC HAZARDS <i>Description of hazard, where it exists, what could be its effect &amp; potential for harm? What could happen?</i>	4. EXISTING CONTROLS <i>Description of existing controls linked to the hazard(s) identified. List existing common controls.</i>	5. RISK RATING (Likelihood x Severity)			6. ADDITIONAL CONTROLS <i>Describe further action, if required, to reduce the risk rating, and then revise the risk rating after these additional controls are considered.</i>	7. REVISED RISK RATING		
		L	S	Risk		L	S	Risk
<p>Electrical</p> <p>Employees could get electrical shocks or burns from using faulty electrical equipment. Electrical faults can also lead to fires.</p> <p>Daisy chaining power cords</p>	<p>Biannual Inspection of office completed by safety person and electrician.</p>	2	5	10	<p>Ensure office inspection includes a visual inspection of portable electrical equipment in the offices.</p> <p>Create electrical awareness training for employees which includes:</p> <ul style="list-style-type: none"> <li>• Signs there maybe electrical problems- discoloured/damaged electrical outlets, damaged cable/equipment, flashes, and flashing lights. Odour from electrical burn. Circuit breakers constantly breaking.</li> <li>• Process for reporting defective equipment and preventing use.</li> <li>• Why daisy chaining power strips is not allowed.</li> <li>• The correct power strip/surge protectors/data protection to use for equipment.</li> </ul> <p>Ensure owner of the building:</p> <ul style="list-style-type: none"> <li>• Confirm the system for reporting and making safe any damage to building installation electrics, e.g. broken light switches or sockets.</li> <li>• Ask when the electrical installation safety check is due.</li> </ul>	1	5	5



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		L	S	Risk		L	S	Risk
Office/Desk workstation-employees risk posture problems and pain, discomfort, or injuries, e.g. to their hands/ arms, from overuse or improper use or from poorly designed workstations or work environments. Headaches or sore eyes can also occur, e.g. if the lighting is poor.	Office workstation assessments completed by trained ergonomics person on all new employees.	4	2	8	Implement a full ergo programs which includes Review of all employee's workstation every 3 years Review of workstation after injury or a long time away from work. Training for employees on setting up their workstation. Break alerts set periodically over the year (once a month for half a day) Ergo awareness campaigns Lunch and learns from local health care professional	3	2	6
Lone working Employees staying late in the office alone. Employees could suffer injury or ill health while working alone in office.	Protocol in place where employees must inform managers and building security of lone working/staying late in office.	2	2	4	Lone worker alarms are ordered and will be linked to building security. Lone worker alarm will warn security when the employees' body has not moved for 10 seconds.	2	1	3



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		L	S	Risk		L	S	Risk
<p>Slips and trips and falls throughout building.</p> <p>Loose floor tile on third floor.</p> <p>Employee carrying items in both hands in stairwell, not using handrail.</p> <p>Employees and visitors may be injured if they slip/trip/fall due to poor flooring conditions such as loose carpet, wet floors, poor housekeeping, planned and unplanned maintenance work, rushing, lack of attention, poor lighting. Not holding handrails provided, carrying too much stuff. Injuries sustained outside of work or existing conditions that may impact ability to navigate building e.g. employee using crutches, wheelchairs.</p> <p>Injuries sustained could be sprains and strains, aggravating pre-existing conditions and broken bones.</p>	<ul style="list-style-type: none"> <li>• Good housekeeping.</li> <li>• All areas well lit.</li> <li>• No trailing leads or cables.</li> <li>• Employees keep work areas clear, e.g. no boxes left in walkways, deliveries stored immediately.</li> <li>• Maintenance/Cleaning work- Contractor management program in place and a risk assessment has been completed with contractor for planned and unplanned work.</li> <li>• Building navigation- 2 elevators in good working order. Regularly maintained.</li> <li>• Stairwells- handrails are in good condition, lighting good, conform to building code, floor grip used for traction.</li> <li>• Reporting process in place for injuries sustained outside of work which may affect employee's mobility around building.</li> </ul>	2	2	4	<p>Arrange for loose carpet tile on second floor to be repaired/replaced.</p> <p>Separate risk assessment to be completed for kitchen areas.</p> <p>Implement education on slip trip and falls, include:</p> <ul style="list-style-type: none"> <li>• not carrying too much at one time.</li> <li>• use handrails</li> <li>• Refresher training</li> </ul> <p>Create a Slip Trip Fall awareness campaign</p>	1	2	2



HEALTH & SAFETY RISK ASSESSMENT: ACTION PLAN				Assessment Ref. No.	0002
1. Ref	2. Action	3. Responsibility for Action	4. Date to be Completed	5. Date completed	
1.	Arrange for loose carpet tile on second floor to be repaired/replaced.	Safety Manager/Facilities manager/Office manager	End of January 2020	1 <sup>st</sup> quarter of year 2020	
2.	Separate risk assessment to be completed for kitchen areas.	Safety Manager/Facilities manager/Office manager	End of January 2020	1 <sup>st</sup> quarter of year 2020	
3.	Implement education on slip trip and falls,	Safety Manager	End of January 2020	1 <sup>st</sup> quarter of year 2020	
4.	Create a Slip Trip Fall awareness campaign	Safety Manager/Office manager/Division Administrator	End of January 2020	1 <sup>st</sup> quarter of year 2020	
6.	<p>Ensure office inspection includes a visual inspection of portable electrical equipment in the offices.</p> <p>Create electrical awareness training for employees which includes:</p> <ul style="list-style-type: none"> <li>• Signs there maybe electrical problems-discoloured electrical outlets, damaged cable/equipment, flashes, and flashing lights. Odour from electrical burn. Circuit breakers constantly breaking.</li> <li>• Process for reporting defective equipment and preventing use.</li> </ul>	Safety Manager/Facilities manager/Office manager	End of January 2020	1 <sup>st</sup> quarter of year 2020	



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1. Ref	2. Action	3. Responsibility for Action	4. Date to be Completed	5. Date completed	
	<ul style="list-style-type: none"> <li>• Why daisy chaining power strips is not allowed.</li> <li>• The correct power strip/surge protectors/data protection to use for equipment.</li> </ul> <p>Ensure owner of the building is:</p> <ul style="list-style-type: none"> <li>• Confirm the system for reporting and making safe any damage to building installation electrics, e.g. broken light switches or sockets.</li> <li>• Ask when the electrical installation safety check is due.</li> </ul>				
7	<p>Implement a full ergo programs which includes</p> <p>Review of all employee's workstation every 3 years</p> <p>Review of workstation after injury or a long time away from work.</p> <p>Training for employees on setting up their workstation.</p> <p>Break alerts set periodically over the year (once a month for half a day)</p> <p>Ergo awareness campaigns</p> <p>Lunch and learns from local health care professional</p>	<p>Safety Manager/Safety Committee/Office manager/Director or senior manager elected by director</p>	<p>End of January 2020</p>	<p>1<sup>st</sup> quarter of year 2020</p>	



**HEALTH & SAFETY RISK ASSESSMENT: CONSULTATION & APPROVAL***This risk assessment has been reviewed by relevant people involved in the task/activity*Assessment  
Ref. No.

0002

<b>Subject Matter Consultation</b>	Job Title/Position/Organization	Notes
<i>The following colleagues were consulted to facilitate a team approach to this risk assessment (E.G. Manager, Safety Rep, Colleagues, Engineers) Specific names are not required, titles only.</i>	Electrician	
	Facilities manager	
	Employees	

Safety Department Contact Name	Joe Blogg	Note	
Date of Assessment	01/01/2020	Review Date <i>To be reviewed by</i>	01/01/2021

**Comments**

Electrician- completed annual inspection which included the customer service area /advised safety manager on the signs of electrical faults and why daisy chaining should not be allowed-sent follow up email for safety manager records and to assist in developing training for employees. Noted defects and will be working with facilities manager and safety manager to resolve.

Facilities manager- Completed annual inspection which included the customer service area/ noted all defects and added to job list. Working with safety manager, facilities team and electrician to resolve.



**HEALTH & SAFETY RISK ASSESSMENT: MANAGEMENT REVIEW***Confirmation that the Risk Assessment is reviewed by management and significant changes actioned*Assessment  
Ref. No.

0002

<b>Declaration of Risk Assessment Review</b>		No			
Are there Significant changes to be made to this assessment? (Significant = e.g. New piece of equipment installed, Additional Customer / Major increase in activity etc) If Yes conduct a new Risk Assessment after commissioning.					
Safety Contact	Jane Blogg	Date	01/01/2020	Signature	
Manager Job Title	Several managers oversee the office areas	Date	01/01/2020	Signature	
Senior Manager Job Title	Division Administrator	Date	01/01/2020	Signature	
<b>Comments</b> <i>(List any Review Actions approved by the Senior Manager that are required e.g. Circulation of Information to Colleagues – including dates for implementation)</i>					
Progress on corrective actions is to be monitored via the monthly safety performance report at the senior management team meeting. Unresolved actions will be investigated by the senior manager.					



**HEALTH & SAFETY RISK ASSESSMENT: RISK RATING ESTIMATOR**

Assessment Ref. No..

			SEVERITY of HARM (S)				
			1.	2.	3.	4.	5.
			<b>Minor Harm</b> <i>(Other injuries – unlikely to incur lost time)</i>	<b>Slightly Harmful</b> <i>Minor Injury OR Muscular Strain</i>	<b>Harmful</b> <i>(Broken Limb or Non permanent incapacity)</i>	<b>Major Harm</b> <i>(Permanent Disability e.g. loss of sight, or limb)</i>	<b>Extreme Harm</b> <i>(Fatality)</i>
LIKELIHOOD (L)	1.	Highly Unlikely	1	2	3	4	5
	2.	Unlikely	2	4	6	8	10
	3.	Possible	3	6	9	12	15
	4.	Likely	4	8	12	16	20
	5.	Highly likely	5	10	15	20	25

**Risk Level Category (based on score):**

RISK LEVEL CATEGORY	SCORE	ACTIONS TO BE TAKEN
Negligible	1	<i>These are low priority risks. Continue with task/Activity, ensuring that people who might be affected are made aware of the risks and controls recorded in this assessment.</i>
Tolerable	2-4	
Moderate	5-12	<i>Possible or even likely to occur causing more than a minor injury, these risks should be communicated, and effort made to further reduce the severity and likelihood of harm.</i>
Substantial	15-16	<i>These risks are highly likely to lead to incapacitating injury. Therefore, prioritise further actions to reduce the risks. Ensure substantial risks are communicated to relevant Safety Managers.</i>
Intolerable	20-25	<b>DO NOT CONTINUE WITH THE TASK OR ACTIVITY – STOP IMMEDIATELY</b>

